



Guidance document for processing PM-JAY packages

Platelet function disorders

Procedures covered: 1

Specialty: General Medicine/Pediatric Medical Management

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Haemostatic Disorders	Platelet function disorders	New Package	MP048A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS (In days): 5 Days (can be extended)

Minimum qualification of the treating doctor:

Essential: MBBS, DNB/MD equivalent in General Medicine, MD/DNB/DCH/ equivalent (Pediatric Medicine), DM/DNB/ equivalent (Hematology)

Special empanelment criteria/linkage to empanelment module: Secondary Care Facilities

Disclaimer:

For monitoring and administering the claim management process of **Platelet function disorders** NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Platelets play a crucial role in hemostasis. Platelet dysfunction due to congenital and acquired etiologies is one of the most common causes of bleeding encountered in clinical practice

A child may have less than the normal number of platelets (thrombocytopenia), or a normal number of platelets that don't function properly (thrombasthenia).

Causes of Platelet Dysfunction

Inherited genetic disorders of platelet function

Hereditary platelet function disorders can be divided into five groups depending on the type of abnormality as follows

- Disorders of platelet adhesion: Bernard-Soulier Syndrome.
- Disorders of platelet aggregation: Glanzmann Thrombasthenia
- Disorders of platelet secretion: Gray Platelet Syndrome, Delta storage pool deficiency and abnormalities of the granule secretory mechanism
- Disorders of platelet procoagulant activity: Scott Syndrome
- Combined abnormalities of number and function

Acquired platelet dysfunction disorders due to

- Medical conditions like Cirrhosis, Multiple myeloma, Kidney disease and Systemic lupus erythematosus (lupus) and
- Drugs such as aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs), along with antiplatelet drugs such as clopidogrel and similar drugs that are used to prevent strokes and heart attacks.

Symptoms

- Easy bruising
- Nosebleeds
- Heavy periods
- Bleeding gums when baby teeth fall out
- Bleeding into the gut
- Excessive bleeding during surgery or after minor injuries.

Diagnosis

1) Complete Blood Count (CBC)	
Blood component	Normal levels
• Red blood cell	In men: 4.32-5.72 million cells/mcL In women: 3.90-5.03 million cells/mcL
• Hemoglobin	In men: 13.8 to 17.2 gm/dl In women: 12.1 to 15.1 gm/dl
• Hematocrit	In men: 38.8-50.0 percent In women: 34.9-44.5 percent
• White blood cell count	3,500 to 10,500 cells/mcL
• Platelet count	1,50,000 to 4,50,000/mcL

2) Prothrombin Time (PT)	0.8 to 1.1 International Normalized Ratio (INR)
3) Partial Thromboplastin Time (PTT)	25 to 35 seconds
4) Platelet Function Test	
• Closure time assay	
• Viscoelastometry	
• Bleeding time	
• Platelet aggregometry/ Lumiaggregometry	
• Flow cytometry	

Treatment

- Stopping or avoiding drugs that cause bleeding
- Treating the underlying associated disease, for example, dialysis for a person with kidney failure
- Medications or platelet transfusion.

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Platelet function disorders
i. At the time of Pre-authorization	
a. Clinical notes detailing history and admission notes showing vitals and examination findings.	Yes
b. Relevant investigations like CBC, Prothrombin Time (PT), Partial Thromboplastin Time (PTT) and Platelet Function Test	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers (ICPs)	Yes
b. Treatment details	Yes
c. Relevant investigations report - CBC/ Prothrombin Time (PT)/ Partial Thromboplastin Time (PTT) / Platelet Function Test	Yes
d. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc., in deciding the

admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 Following mandatory documents to be diligently reviewed by the pre-auth/claims processing personnel:

Mandatory document	Platelet function disorders
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Are the clinical notes detailing infectious history or sickness contact and admission notes showing vitals and examination findings submitted?	Yes
c. Were the investigations reports - CBC/ Prothrombin Time (PT)/ Partial Thromboplastin Time (PTT) / Platelet Function Test submitted and found abnormal?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed indoor case papers (ICPs) submitted?	Yes
b. Are the treatment details submitted?	Yes
c. Are the relevant investigations (CBC/ Prothrombin Time (PT)/ Partial Thromboplastin Time (PTT) / Platelet Function Test) submitted?	Yes
d. Is a detailed discharge summary submitted?	Yes

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 Objective: To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:

- Were patient's history and Investigation reports (Prothrombin Time (PT) > 1.1 INR / Partial Thromboplastin Time (PTT) > 35 seconds) suggestive of the diagnosis? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:

- Anjali A. Sharathkumar Amy Shapiro, Platelet Function Disorders, Second Edition, Treatment of Hemophilia, Published by the World Federation of Hemophilia (WFH), 1999; revised 2008.
- Platelet Dysfunction - Blood Disorders [Internet]. MSD Manual Consumer Version.



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